AAT CBT & SA booking form

Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details

Title (Mr/Mrs/Ms/Miss) _____

Surname _____

First name(s) _____

Date of Birth / /

Address _____

_____

_____ Post Code _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Please provide an email address you have access to during and outside office hours. All information relating to your exam, will be sent to this email address.

Email Address

AAT Registration Number _____

***Note**: It is your responsibility to complete the AAT registration formalities and enter the AAT examinations.*

Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on HTFT premises?

Yes ☐	**No** ☐

(If yes, please arrive 15 minutes early to allow local site H&S officer to complete our assessments with you)

Do you require any reasonable adjustments (such as extra time) during your exam?

Yes ☐	**No** ☐

(If yes, please attach a copy of your Reasonable Adjustment Granted form – which your training provider can help you complete)

Your Employer's Details

*****This only needs completing if your employer is paying for the exam***

Company Name _____

Company Registration Number _____

Training Manager's Name (Mr/Mrs/Ms/Miss)

_____

Training Manager's Tel. Number _____

Training Manager's Email Address

Work Address _____

_____

Your Signature

I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk

Your Signature _____

Date _____

DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information

MARKETING POLICY – From time to time we would like to contact you with course information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here ☐

EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from AAT. If you do not wish the AAT to share your results with us tick here ☐

Payment Option 1: Your Employer is Sponsoring You

If you wish to submit a manual booking form and the employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT Partnership have been granted in respect of the student and undertake to inform you in writing promptly of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due to HTFT Partnership in all circumstances (including termination of employment or exam cancellation). We confirm that we have read, understood and accept the terms and conditions and Policies (as defined below) detailed on www.htftpartnership.co.uk

Employer Signature _____ Name _____

Purchase Order Number _____ HTFT Customer No. H T F T - | | | | |

Invoice Address (if different to work address above) Contact Name _____

_____

_____ Post Code _____

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		Exam fee	
BTRN	Bookkeeping Transactions	£80.00	☐
BKCL	Bookkeeping Controls	£80.00	☐
ELCO	Elements of Costing	£80.00	☐
UACS	Using Accounting Software (**Sage One** only)	£80.00	☐
FSYA	**Foundation Synoptic Assessment**	£90.00	☐
AVBK	Advanced Bookkeeping	£80.00	☐
FAPR	Final Accounts Preparation	£80.00	☐
MMAC	Management Accounting: Costing	£80.00	☐
IDRX	Indirect Tax	£80.00	☐
AVSY	**Advanced Synoptic Assessment**	£85.00	☐
FSLC	Financial Statements of Limited Companies	£80.00	☐
MMBU	Management Accounting: Budgeting	£80.00	☐
MDCL	Management Accounting: Decision & Control	£80.00	☐
PDSY	**Professional Synoptic Assessment**	£90.00	☐
PLTX	Personal Tax	£80.00	☐
BSTX	Business Tax	£80.00	☐
CDMT	Credit Management	£80.00	☐
CTRM	Cash and Treasury Management	£80.00	☐
ETAU	External Auditing	£80.00	☐
Cancellation Fee		**£20.00**	☐

Total cost: £_____

Exam date: Please enter date you wish to sit your exam on.

****Change in payment terms**** Confirmation of the exam booking will be made when payment has occurred. We will hold your booking for 24 hours after the enrolment form has been sent in. If payment has not been received in this timeframe the exam slot will not be reserved.

Cancellation Policy: We require **14 days cancellation notice** prior to your scheduled exam date, otherwise we will charge you a **cancellation fee of £20**.

Please provide any details here of and special requirements (e.g. extra time in exam):

Payment Option 2: Cheque / Online

☐ I enclose a cheque for £_____ made payable to **HTFT Partnership Limited**

☐ Bank transfer for £_____

Bank Name: HSBC Bank account name: HTFT
Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF
Sort code 40-42-12
A/C number 92317591 (Include your AAT ID number as a reference or invoice number)

☐ I would like to pay by debit/credit card (HTFT will send you a payment link for £_____)

Please complete this form, scan it and email it to bookings@htftpartnership.co.uk